



HOUSING LOAN APPLICATION (For Co-Borrower Only)

HQP-HLF-069

Pag-IBIG MID Number/RTN									

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

CO-BORROWER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ATTACH HERE 1"X1" ID PHOTO OF APPLICANT
PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name					MARITAL STATUS <input type="checkbox"/> Single/ Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er		
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code							
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name					CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home Cell Phone Email Address		For HDMF USE ONLY
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code							MONTHLY HDMF CONTRIBUTION
HOME OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Company <input type="checkbox"/> Living w/ relatives/parents <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented at P /mo.				YEARS OF STAY IN PRESENT HOME ADDRESS	EE SSS/GSIS ID No.		LOAN ENTITLEMENT
EMPLOYER/BUSINESS NAME (If self-employed)				TIN	CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) Business (Trunk Line) Employer/Business Email Address		CERTIFIED BY
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name				OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		YEARS IN EMPLOYMENT/ BUSINESS	
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code							
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Basic Materials <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Technology <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Construction <input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Life Sciences <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods				POSITION & DEPARTMENT			
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code				PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address		NO. OF DEPENDENT/S	

SPOUSE'S PERSONAL DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	TIN
EMPLOYER/BUSINESS NAME (If self-employed)						YEARS IN EMPLOYMENT/ BUSINESS
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name				OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		POSITION & DEPARTMENT
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code				BUSINESS TEL. NO.		
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences <input type="checkbox"/> Technology <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods						

GROSS MONTHLY INCOME

PARTICULARS	CO-BORROWER	SPOUSE
BASIC MONTHLY COMPENSATION	P	P
COST OF LIVING ALLOWANCE	P	P
OTHER SOURCE/S	P	P
TOTAL	P	P

BANK ACCOUNTS (Indicate your 3 most active)

BANK	BRANCH/ADDRESS	TYPE OF ACCOUNT	ACCOUNT NO.	DATE OPENED	AVE. BALANCE

(Revised/August 2012)

CREDIT CARDS OWNED (Indicate your 3 most active)

ISSUER NAME	CARD TYPE <i>(e.g. Visa/Mastercard)</i>	CARD EXPIRY <i>(mm/yyyy)</i>	CREDIT LIMIT

REAL ESTATE OWNED

LOCATION	TYPE OF PROPERTY	ACQUISITION COST	MARKET VALUE	MORTGAGE BALANCE	RENTAL INCOME

OUTSTANDING CREDITS/LOAN AVAILMENTS

Creditor & Address	Security	Type	Maturity Date
		Amount/Balance	Mo. Amortization
Creditor & Address	Security	Type	Maturity Date
		Amount/Balance	Mo. Amortization
Creditor & Address	Security	Type	Maturity Date
		Amount/Balance	Mo. Amortization

MISCELLANEOUS

(Answer the following questions with YES or NO. If your answer is YES, please elaborate on the details as required)

Are there past or pending cases against you? Yes No
If Yes, please indicate the nature, plaintiff, amount involved and the status.

Do you have past due obligations? If yes, please indicate the creditor's name, nature, amount involved and due date.
 Yes No

Was your bank account ever closed because of mishandling or issuance of bouncing checks? If yes, please indicate the bank's name, nature amount and date.
 Yes No

LOAN AND CREDIT REFERENCES

BANK/FINANCIAL INSTITUTION	ADDRESS	PURPOSE	SECURITY	HIGHEST AMOUNT OWED	PRESENT BALANCE	DATE OBTAINED	DATE FULLY PAID

TRADE REFERENCES (For Self-Employed Only)

NAME OF SUPPLIER	ADDRESS	TEL. NO.

CHARACTER REFERENCES

NAME	ADDRESS	TEL. NO.

CERTIFICATION

I/We certify that the foregoing information/statement is to my/our knowledge, true, correct, complete, and updated. The signature/s appearing below is/are genuine. I/We authorize Pag-IBIG Fund to conduct verification on all the details stated on this document as well as the other documents. I/We have submitted from whatever source it may consider appropriate to establish its correctness, validity, and authenticity.

I/We hereby agree that any misrepresentation of a material fact is a ground for disapproval of the application, cancellation of the loan, and shall be a cause for the total outstanding obligation to be due and demandable and shall be subject to other sanctions provided in existing Pag-IBIG guidelines. I/We agree to notify Pag-IBIG Fund of any material change affecting the information contained herein. I/We agree that all information obtained by Pag-IBIG Fund shall remain its property whether or not the loan is granted.

SIGNATURE OF CO-BORROWER

SIGNATURE OF SPOUSE

DATE

DATE